

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
101631143
APPLICANT(S)

FILING DATE

10163105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.			16			
TOTAL DEP.			19			
TOTAL CLAIMS			29			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						